## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009828

DO NOT WRITE AMENDED ON THIS STUB					Re	egistration District No	W 40.00	nary Registration	District N	54	3Registrar's No.	5/6	S	TATE FILE N	UMBER
ON INIS STUB			<b></b>	_	PLACE OF DEATH	MT 1305			r	2. USUAL RESIDEN	CE (Where dece	ased lived. If	institution:	Residence before	
VS 300	ا ما	1	1 1		1.		Louis				a. STATE Miss				admission)
Rev. 4/59	띵				_	:DU+	Louis	1H10	10000	15 mars 1 : 11					
	AMENDED	-				OR	rporate limits, give TOWNS	omir only)		of stay in 1b	c. CITY OR TOWN .Te	_			Inside Limits
, l	ξ				_	TOWN Jenn			-2	Tears	1	nning <b>s</b>			Yes 🔀 No 🗆
14008			1			c. FULL NAME OF (If	NOT in hospital, give locat	tion)	lr.	nside Limits	A STORET	/15	cutside, give l	ocation)	Reside on Farm
	DATE		4			INSTITUTION 89	928 Whitstone		Υe	es 🔼 No 🗆	392	8 Whitst	one		Yes 🗆 No 🌃
2 400 82		$\sqcup \!\!\! \perp$	11		=	<u></u>	<del></del>			1					
3		1			3	. NAME OF DECEASED (Type or print)	, First	- A	Middle	-	Last	4. DATE OF	Month	Day	Year
						take or beaut	BERTHA	LOUI	SE	KT-	ENKEL	DEATH ]	February	y 19,	<b>,</b> 1963
4 1						. \$EX	6. COLOR OR RACE	7. Married 1			8. DATE OF BIRTH	9. AGE (last b	sirthday) IF U		R IF UNDER 24 HR
5 1						emale	White	Widowed [		Divorced 🔲	9/9/1888	74	Mon	iths Days	Hours Min.
<u> </u>		!	11		. –		1	10b. KIND OF	BUSINESS	OR INDUSTRY			country) 12	CITIZEN OF	F WHAT COUNTRY
6	اريا	!	1 1			a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOLSENT TE				1					
	<b>≷</b>   ∣	!				<u>Housewile</u>	3	l			Indianapo			U.S.A.	
7	FOLLOW				13	a. FATHER'S NAME	•			MAIDEN NAME	<b>.</b> .		AME OF HUSBA		
	오	!		1		Andrew H. M.			ry Du			Jo	seph F.		1
8 3	SA	!			15	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SC	CIAL SEC		17. INFORMANT		Addres		
ا، م	7	!			(Y	es, no, or unknown) j (If	yes, give war or dates o				Joseph Ken	kel. 892	8 Whits	tone	<b>,</b> i
202.1	뾡			<u>∟</u> I	<del>-</del>	18. CAUSE OF DEATH	(Enter only one cause po DEATH WAS CAUSED BY:				1	<del></del>	•	11	NTERVAL BETWEEN
10	<u>~   </u>	<b>!</b>		딦		PART I.		00			. 11. + 3			<u>.</u> [ ]	ONSET AND/DEATH
	없는			₹			IMMEDIATE CAUSE	150	<u> </u>	4354	vula st	wy y	- min	mu '	77/03
11		<b>!</b>		Ž			. (	14	•		, 0.~	h		_	
1290-0	EAD EAD	<b>!</b>   .		ă		Conditio	ns, if any, ) DUE TO (b	<u>,,</u>	MARA	wings	101-11U	reulu	me Was	يد ا	
10-0	SIS					above o	ave rise to cause (a), }		<b>(1)</b>	1				1	olidin
13	ᇎ	<b>├</b> -├-	<del> </del>			stating t	the under- ause last. DUE TO (c	., (	بعت	rna	med	<b>-</b>		/	-1/1/6V
	Z				2		OTHER SIGNIFICANT CO	•	NTRIBUTE	NG TO DEATH	1 but not related to	the terminal	PART III. If	deceased	was female was
	-	!			힐	raki II.	disease condition given i	in PART I (a)		IO DEATE	01 1010100 10	10111111111	#	nere a pregn	ancy in last 90 days.
	: [ ]				3								\	Yes 🗗	No Unknown
إ	<b>듈 </b>	!				19. WAS AUTOPSY	20a. ACCIDENT SUICIDI	E HOMICIDE	20b.	DESCRIBE HOW	W INJURY OCCURRED.	(Enter nature of	injury in PAR1	I-I or PART I	I of item 18.)
ا	AMENDMENTS	ļ			8	PERFORMED?	ACCIDENT SUICIDI		.						
li					1	7.1	<u> </u>				<del></del>	<del></del>			
Z :	<b>≨</b>	<b>!</b>			D C	20c. TIME OF Hour INJURY a.m.	Month, Day, Year						•		
* % [	`				핗	p.m.				<del></del>	01 AIRW TANK	10047	·	WINITO -	STATE
BLACK INK OR RITER RIBBON		-			-	20d. INJURY OCCURRE WHILE AT WORK		OF INJURY (e.g. factory, street, of	in or all fice bloo.		Of CITY TOWN, OR	LOCATION	cc	DUNTŸ	9 SIMIE
<b>※</b>						WHILE AT WORK NOT WHILE AT V	AQKK 🛅 📗	/	1.		1 /				
<b>8</b> % 8	READ							10/15	763	•	1/14/63	last saw her ali	ive on	711	63
ਜ਼ੑੑੑੑੑੑੑੑੑੑਜ਼ੑੑ						21. I attended the de	reased from		1.000	2	, ,	-		a faculting	curee stated
_ ¥	9					Death ccurred at	<del>\</del>		11-7	m on the	e date stated above, a	na to the best o	Knowledg	e, trom the	
USE	SHOULD			능		22a. SIGNATURE	Deg	ree or title)	وأست		22b. ADDRESS		K.	_	22c. ATE SIGNED
USE BLAC OR IYPEWRITER	ž		1 1	_	Ì		المراكية	77	D.	1	7170 4	aruse i	may?	<u> </u>	720/63
-		$\sqcup \bot$	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	AFFIDAVIT	22	a. BURML, CREMATION,	235. DATE :	23c. NAME	OF CEME	ETERY OR CREA	MATORY 2	3d. LOCATION (	City, town, or	county)	(State)
. 1	NO.			ا فِ	20	REMOVAL (Specify)	2/22/63	Dank and	one (	Cemetery	<sub>ت</sub> اج	t. Louis	County		Missouri
1	Z		1	ょ	-	Burial FUNERAL DIRECTOR		RESS PELEC	<u> (CTTD /</u>	25. DATE	E RECD. BY LOCAL RE	G. 26~REGIS	STRAR'S SIGNA	TURE	0 11.1
1	FEM			اج	24	, FOREKAL DIKECIOK ICIUUCT 77 BECADIM	uary,i <b>nc.</b> 5967		ssani		.01-12	/ lak	me.	nurs	my yna.
į	<del>=</del>			<u>∞</u> [	티	JOHNOLZ MORT	ONUT THO 93901	- M. LTOIT			10-65	' //~/·			1 or
	-	-		_				(Lice	insed Emb	salmer's Statem	ment on Reverse Side)	. "		-	U 8.

## STATEMENT BY LICENSED EMBALME

1 here	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working unde	er my personal supervision.	. <u> </u>
Student	Signature of Student Embalmer	Signed Rolph Co. Lenders
		Licensed Embalmer No. 4275
		P. O. Address Al. Karein

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.